THE CITY UNIVERSITY OF NEW YORK

MENINGOCOCCAL MENINGITIS VACCINATION RESPONSE FORM

New York State Public Health Law 2167 requires that all college and university students complete and return the following form to your college campus health office prior to registering for classes, or **you will be blocked from registration and from attending classes.** **THIS LAW APPLIES TO ALL STUDENTS**

PRINT STUDENTS INFORMATION

FIRST & LAST NAME _____ Date of Birth ____/____/_____

College Name _____ Social Security# _____

Student _____ Email_____

Mailing Address_____

Phone number (_____)_____

Check one box and sign below.

I have (for students under the age of 18: My child has):

☐ Received the information regarding meningcococcal meningitis disease and vaccine, including information regarding the availability and cost of the meningococcal meningitis vaccine. I have decided that I (my child) will **not** obtain immunization against meningococcal meningitis disease.

☐ Received the information regarding meningococcal meningitis disease and vaccine, including information regarding the availability and cost of the meningococcal meningitis vaccine. I received the meningococcal meningitis immunization (Menomune) within the past 10 years.

Date received_____

Signed _____ _____
(Student) Date

Signed _____ _____

(Parent/Guardian if student is a minor) Date

Students with health insurance coverage can go to a **Travelers Clinic.** The vaccine **cost approximately** $75.00.

List of Travelers Clinic:

Wittner, Murray
Professor of Parasitology and Tropical Medicine
International Health and Traveler's Clinic
1575 Blondell Avenue
Bronx, NY 10461 ♦ USA
Telephone: [+1] (718) 405-8300; Fax: **[+1]** (718) 430-8543
E-mail: **wittner@aecom.vu.edn**
Languages: Principal - English, Spanish, Italian
Pre-Travel Vaccination, Official Yellow Fever Vaccine Center,
Post-Travel Medical Consultation, On-Site Diagnostic Laboratory

Chapnick, Edward, MD
Director Infect. Division
Maimonides Travel Medicine
Maimonides Medical Center
4802 Tenth Avenue
Brooklyn, NY 11219 ♦ USA '
Telephone: [+1] (718) 283-7974; Fax: [+1] (718) 283-8813
E-mail: echapnick@maimonidesmed.org
Languages: Principal - English
Pre-Travel Vaccination, Official Yellow Fever Vaccine Center,
Post-Travel Medical Consultation, On-Site Diagnostic Laboratory

Neumann, Karl, MD FAAP
Forest Hills Pediatrics
108-48 70th Road
Forest Hills, NY 11375 ♦ USA
Telephone: [+1] (718) 263-2072; Fax: [+1] (718) 570-0290
E-mail: travhealth@aolcom: Web: www.travelinghealthv.com
Languages: Principal - English; Other - German, Spanish, Russian, Hebrew
Pre-Travel Vaccination

Singer, Carol, MD
Travel Immunization Center at Long Island Jewish Medical Center
270-05 76lh Avenue
New Hyde Park, NY 11040 ♦ USA
Telephone: [+1] (718)470-7290
Languages: Principal - English
Pre-Travel Vaccination, Official Yellow Fever Vaccine Center,
Post-Travel Medical Consultation, On-Site Diagnostic Laboratory

Acosta, Alberto, MD, PhD
Medical Director
Traveler's Medical Service
595 Madison Avenue - Suite 1200
New York, NY' 10022 ♦ USA
Telephone: [+1] (212) 230-1020; Fax: (212) 230-1888
Web: travelersmedical.com
Languages: Principal - English; Other - Spanish, French
Pre-Travel Vaccination, Official Yellow Fever Vaccine Center,
Post-Travel Medical Consultation, On-Site Diagnostic Laboratory